

Pertussis is Peaking: Take Action!

▶ Think pertussis—Consider the diagnosis of pertussis in your patients and their close contacts

Young infants: The diagnosis of pertussis is often delayed or missed because of a deceivingly mild
onset of runny nose. There usually is no fever. Cough may be undetectable or mild. Illness may
present as apnea, hypoxia or seizures. After a few days, mild illness may suddenly transform into
respiratory distress. A white blood cell count of >20,000 cells/mm3 with >50% lymphocytes is a
strong indication of pertussis.

Adolescents and adults: Most cases are not diagnosed. A misdiagnosis of bronchitis or asthma is common. The patient may report of episodes of a choking sensation or of sweating. Leukocytosis/lymphocytosis is not likely to occur in this population.

- ▶ Test for pertussis—Delays in recognition of pertussis may contribute to adverse clinical outcomes
 Obtain nasal aspirate (preferred specimen) or nasopharyngeal swab for PCR and/or culture promptly.
- ▶ Treat for pertussis—Delays in treatment before or after hospitalization may increase the risk of fatal illness

Young infants: Because pertussis may progress rapidly in young infants we suggest that you treat suspected and confirmed cases promptly with azithromycin, monitor them very closely, and consider hospitalization in a facility that has direct access to intensive care (especially if the infant is <3 months of age). Almost all fatal cases have extreme leukocytosis with lymphocytosis, pneumonia, and pulmonary hypertension.

- ▶ Report pertussis—Prompt reporting supports prevention and control efforts

 Report suspected and confirmed cases of pertussis promptly to your local public health department to assist in preventing additional cases.
- ▶ Prevent pertussis—Assess pertussis immunization status, and use every patient encounter to vaccinate
 - —All close contacts to infants and health care workers should be immunized against pertussis with Tdap or DTaP vaccine, as age appropriate.
 - —Vaccinate for pertussis at the earliest opportunity, especially during hospitalization for birth and clinic visits for wound management, checkups or acute care.

